

UNITED STATES DISTRICT COURT

for the
Southern District of Illinois

RORY GRIFFIN)
 _____) Case Number: 21-436-NJR
 _____) (Clerk's Office will provide)
 _____)
 Plaintiff(s)/Petitioner(s))
 v.) ☒ CIVIL RIGHTS COMPLAINT
Dennis Larson) pursuant to 42 U.S.C. §1983 (State Prisoner)
STEVEN D. YOUNG) ☐ CIVIL RIGHTS COMPLAINT
 _____) pursuant to 28 U.S.C. §1331 (Federal Prisoner)
 Defendant(s)/Respondent(s)) ☐ CIVIL COMPLAINT
 _____) pursuant to the Federal Tort Claims Act, 28 U.S.C.
 _____) §§1346, 2671-2680, or other law

I. JURISDICTION

Plaintiff: RORY GRIFFIN

A. Plaintiff's mailing address, register number, and present place of confinement.

Big Muddy River C.C.
251 N. IL HWY 37
Ina, Illinois 62846

Defendant #1:

B. Defendant Dennis Larson is employed as

(a) (Name of First Defendant)

Head Doctor
 (b) (Position/Title)

with IDOC/Big Muddy River C.C. 251
 (c) (Employer's Name and Address)

N. IL HWY 37 Ina, Illinois 62846

At the time the claim(s) alleged this complaint arose, was Defendant #1 employed by the state, local, or federal government? ☒ Yes ☐ No

If your answer is YES, briefly explain:

Rev. 10/3/19

Dr. Larson is the head
Doctor here at IDOC/Big Muddy River C.C.
Doesn't prescribe strong enough Medication for the
pain from my Sur Gen's, nor about my physical
therapy.

Defendant #2:

C. Defendant STEVEN D. Young is employed as

(Name of Second Defendant)

Physician that did my Surgeries

(Position/Title)

with Don't know that information

(Employer's Name and Address)

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? ☐ Yes ☐ No

If you answer is YES, briefly explain: Dr. Steven Young does not work at Big Muddy River Co. But he's the outside Doctor that Dr. Larson appointed to do my surgeries on my left hand and elbow & Bicep.

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

On 4-24-2019 I had surgery ~~on~~, on my bicep, after the surgery I began to have complications with my arm. And pain was unbearable, I ask Dr. Larson to give me something for my pain. He only prescribe me TYLENOL 325mg tab, that's like taken nothing! With the pain & discomfort, I ask Dr. Larson to look at my medical records from the Cook County Jail, The Medications I was prescribe for pain. To name a few Plaquemil 200mg oral tab, Folic acid 2mg tab, and gabapentin 400mg oral capsule.

Dr. Larson refuse to ~~prescribe~~ me the medications for my pain that would help in the condition after surgery. I repeatedly put in request for better pain medications, But I was ignor, I hurt my arm and shoulder's on 4-24-2019. Since then I've develop arthritis in my joints, hands, shoulders, elbow, wrist and even repeatedly ask Dr. Larson about my hip down to my knee's pain and very painful. My knee's fill like when rubbing bone on bone, Dr. Larson still hasn't done anything for me nor giving me the medications

STATEMENT OF CLAIM

2

continued. I need to endure the pain I'm having in my body.

I've even have physical therapy sessions, to health care that was cancel everytime I went to show in my exhibit's, they never happen.

I even written a Grievance for these very issues, two surgeries on my arm left, and elbow sharp pain all the time, but in the Grievance response says 'no current order for pain meds. noted';

This is a case of Deliberate Indifference repeated delays in Dr. Larson seeing me with consistent severe pain and failure to order diagnostic. Refusing to send me to a specialist despite my complaints of severe pain, and nothing that Dr. Larson could not rely on lack of Objective evidence, failing to make timely referral to a specialist.

I ask Dr. Larson to recommend back to the doctor that did my surgeries Dr. Steven D. Young, Again I was ignored.

Ignoring obvious conditions, failing to provide treatment for diagnosed conditions, failing to investigate enough to make an informed judgment, and delay in treatment.

My condition significantly affects my daily activities.

STATEMENT of Claim

Continued: on 8-14-20 I had tendon surgery on my hand, ^{under} some of my fingers won't stretch out normally. Dr. STEVE D. Young did the surgery. Again I've ask Dr. Larson to prescribe me some for the pain but still isn't. I want Dr. STEVE D. Young to look at it; but Dr. Larson seems that he's not concern. So I'm left with these agonizing pain in my body hoping for some kind of relief,

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? ☐ Yes ☐ No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. List ALL lawsuits in any jurisdiction and indicate the court where they were filed to the best of your ability, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.

1. Parties to previous lawsuits:

Plaintiff(s): *RORY GRIFFIN*

Defendant(s): *COOK COUNTY Jail*

2. Court (if federal court, name of the district; if state court, name of the county): *UNITED STATES DISTRICT COURT for the Northern District of Illinois*

3. Docket number: *117CV2463*

4. Name of Judge to whom case was assigned: *Samuel Det-Yeshayan*

5. Type of case (for example: Was it a habeas corpus or civil rights action?): *Civil rights action*

6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?): *was granted*

7. Approximate date of filing lawsuit: *4-12-16*
8. Approximate date of disposition: *I'm not sure, but a year or two later*
9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?"
Relief granted

III. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☒ Yes ☐ No

C. If your answer is YES,

1. What steps did you take? *I file a grievance through the system, file a 42 U.S.C. § 1983, with my Exhibits*

2. What was the result? *I was granted relief*

D. If your answer is NO, explain why not.

E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☒ Yes ☐ No

F. If your answer is YES,

1. What steps did you take? *file a grievance procedure, and file civil Rights complaint to 42 U.S.C. § 1983*

2. What was the result? *It's over*

G. If your answer is NO, explain why not.

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

*That information I had mailed out to a friend
with a lot of other paperwork.*

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

Plaintiff want to be compensated for pain & suffering damages \$150,000

VI. JURY DEMAND (check one box below)

The plaintiff ☒ does ☐ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed _____
on: _____ (date)

**Rory Griffin*

Signature of Plaintiff

Big Muddy River C.C.

Street Address
231 N. 2nd, Hwy 37

Indy, IN 46105 62846

City, State, Zip

Rory Griffin

Printed Name
435204

Prisoner Register Number

Signature of Attorney (if any)

also mail a copy of that document to all other parties, or if they have counsel, to that attorney. When you file your paper with the clerk, you must include a **Certificate of Service**, using the format shown below. Any pleading or other document received by the court that fails to include a certificate of service may be disregarded. Note, however, that some prison facilities participate in an electronic filing program. In general, you are not required to mail copies of documents to parties if your facility participates in an electronic filing program, because parties who participate in electronic filing will receive the document electronically. And, pursuant to General Order No. 2012-1, the clerk will mail a copy of electronically filed documents to any party who does not receive the document electronically. You may, however, be required to mail copies of a proposed document, such as a proposed amendment to a pleading. Additional information about electronic filing (and General Order No. 2012-1) is available through prison library staff.

CERTIFICATE OF SERVICE

I certify that a copy of this _____ was mailed/delivered
(Name of Document)

to _____ on _____
(Name and Address of Party/Attorney) (Date)

Rory Giffin
Signature

ROY GRIFFIN
Printed Name

12. Do not write letters to the court regarding your case. Such contact is improper. If you wish to provide information or ask the court to do something, you must file a motion with the clerk.
13. You are responsible for learning and following the procedures that govern the court process. The district judges, magistrate judges, clerk of court, and their staff are forbidden as a matter of law from providing legal advice. Legal advice should be sought from an attorney or legal clinic.

UNITED STATES DISTRICT COURT

for the

District of Illinois

Division

ROBY GRIFFIN

Plaintiff(s)

DENNY'S LARSON

Defendant(s)

STEVEN D. YOUNG

Case Number: _____

CERTIFICATE OF SERVICE

I hereby certify that on 04/29/21, I electronically filed _____

_____ with the Clerk of Court using the CM/ECF system which will send notification of such filing(s) to the following:

and I hereby certify that on [date], I mailed by United States Postal Service, the document(s) to the following non-registered participants:

Respectfully submitted,

ROBY GRIFFIN 435204

Name of Password Registrant DIS MURPHY RIVER LLC

851 N. IL HWY 37

Address

INDEPENDENCE, MO 64846

City, State, Zip

Phone: (____) _____

Fax: (____) _____

E-mail: _____@_____

Attorney bar number (if applicable) _____

ILND 44 (Rev. 07/13/16)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff _____

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number) _____

DEFENDANTS

County of Residence of First Listed Defendant _____

(IN U.S. PLAINTIFF CASES ONLY)

NOTE:

IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known) _____

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | |
|---|---|---|---|
| Citizen of This State | PTF <input type="checkbox"/> 1 DEF <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | PTF <input type="checkbox"/> 4 DEF <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee (Prisoner Petition) <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1393ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729 (a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities Employment <input type="checkbox"/> 446 Amer. w/Disabilities Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- | | | | | | | |
|--|---|--|---|--|--|---|
| <input type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from Another District (specify) _____ | <input type="checkbox"/> 6 Multidistrict Litigation—Transfer | <input type="checkbox"/> 8 Multidistrict Litigation—Direct File |
|--|---|--|---|--|--|---|

VI. CAUSE OF ACTION (Enter U.S. Civil Statute under which you are filing and write a brief statement of cause.)**VII. Previous Bankruptcy Matters** (For nature of suit 422 and 423, enter the case number and judge for any associated bankruptcy matter previously adjudicated by a judge of this Court. Use a separate attachment if necessary.)**VIII. REQUESTED IN COMPLAINT:**☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.**DEMAND \$** _____

CHECK YES only if demanded in complaint:

JURY DEMAND:☐ Yes ☐ No**IX. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE _____

DOCKET NUMBER _____

X. This case (check one box)

- ☐ Is not a refiling of a previously dismissed action ☐ is a refiling of case number _____ previously dismissed by Judge _____

DATE _____

SIGNATURE OF ATTORNEY OF RECORD _____



**OFFICE OF THE STATE APPELLATE DEFENDER
FIRST JUDICIAL DISTRICT**

203 North LaSalle Street • 24th Floor
Chicago, Illinois 60601
Telephone: 312/814-5472 • Fax: 312/814-1447
www.state.il.us/defender • E-mail: 1stDistrict@osad.state.il.us

JAMES E. CHADD
STATE APPELLATE DEFENDER

PATRICIA MYSZA
DEPUTY DEFENDER

DOUGLAS R. HOFF
ASSISTANT DEPUTY DEFENDER

RICHARD CONNOR MORLEY
ASSISTANT APPELLATE DEFENDER

April 7, 2021

Mr. Rory Griffin
Register No. Y35204
Big Muddy River Correctional Center
251 N. Illinois Highway 37
Ina, IL 62846

RE: *People v. Rory Griffin*
Cook County No. 15 CR 1201
Appellate Court No. 1-19-0755

Dear Mr. Griffin:

I am writing in response to your letter regarding IDOC's medical indifference. My office, the Office of the State Appellate Defender, does not represent clients in these types of cases. However, you can reach out to the John Howard Association at the address listed below.

John Howard Association
P.O. Box 10042
Chicago, IL 60610-0042

Sincerely,

RICHARD CONNOR MORLEY
Assistant Appellate Defender

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Clearance

Offender's Grievance

2nd Lvl rec

☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration or Sentence Credit
☐ Transfer Denial by Facility ☐ Other (specify): _____
☐ Disciplinary Report

NOV 23 2020

Date of report

Facility where issued

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
Chief Administrative Officer, only if **EMERGENCY** grievance
 Mail to: Administrative Officer

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

☐ Continued on reverse

Relief Requested:

Relief Requested: To have this issue Resolved and get something Prescribed for Nerve Damage to my Arm PLEASE MAY I HAVE A COPY of this Grievance PLEASE

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☒ Check if this is **NOT** an emergency grievance.

Rory Griffin
Offender's Signature

Offender's Signature

Y35204

3

11-23-2020

Date _____

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 11/24/2020 ☐ Send directly to Grievance Officer
☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Pen HCUA, offender was seen by MD on 11/16/2020. NO NEW ORDER
PEN ASSESSMENT: NO CURRENT ORDER FOR PAIN MEDS. NOTED.
COMPRESSION SLEEVE ORDERED INCORRECTLY: CORRECT TYPE HAS BEEN
ORDERED AND WILL BE ISSUED ONCE RECEIVED. OFFENDER HAS OUTSIDE
APPOINTMENTS TO SEE RHEUMATOLOGY. ANY MEDS ORDERED WILL
BE BASED ON PROVIDER ASSESSMENT AND PROFESSIONAL JUDGMENT.

↳ Schwa

Print Counselor's Name _____

[Handwritten signature]

Sign Counselor's Name _____

1/7/2021

Date _____

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: _____ **Date Received:** _____

Is this determined to be of an emergency nature:

☐ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date _____

Distribution: Master File: Offender

Page 1 of 2

DOC 0046 (Rev. 01/2020)

VERIFICATION

I, RORY GRIFFIN, the undersigned, verify and state that:

1. I am the (Petitioner/Respondent) in the above captioned legal matter.
2. I have read the foregoing application and have knowledge of its contents;
3. Under penalties of perjury as provided by law I declare that the above information is true and correct. I understand that 28 U.S.C 1915(e)(2)(A) states that the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue. I certify that the statements set forth in the foregoing motion and this Verification are true and correct except as to matters therein stated to be on information and belief and as to such matters I certify and the same to be true.

S: ^{*}Rory Griffin

Assigned Grievance #/Institution

1-3-21/18mmcc

MAR 03 2021

1st Lvl rec: 3-1-21

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec

Date: 2-27-21	Offender (please print): RORY GRIFFIN	ID #: 435204	Race (optional):
Present Facility: Big Muddy River Correctional Center		Facility where grievance issue occurred: Big Muddy River Correctional Center	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☐ Medical Treatment ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☒ Other (specify): Health Care Unit Administrator
☐ Disciplinary Report 1-11-21

Date of report

Facility where issued
RECEIVED

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.
 Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
 Chief Administrative Officer, only if EMERGENCY grievance
 Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I have been writing to Medical Record Department and Miss Debbie Isaacs about getting my Medical Record it been over three weeks. I would like to have my Medical Record form 4-24-2019 to 12-31-200 Please. I feel like this situation has been ignored. Please Respond and resolve the issue please I would like a copy of this GRIEVANCE please thank you

Relief Requested:

☐ Continued on reverse

To get my Medical Record

- ☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☐ Check if this is NOT an emergency grievance.

Rory Griffin

Offender's Signature

435204

ID#

2-27-21

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 3/1/2021 ☐ Send directly to Grievance Officer
☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Per Medical Records, Payment Voucher sent out on 2/24/2021 and Medical Records is waiting for voucher to be returned to issue copies.

Typically Medical Records has 30 days and are currently under 30 days to process.

E. Skelton

Print Counselor's Name

E. Skelton

Sign Counselor's Name

3/1/2021

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received:

Is this determined to be of an emergency nature:

- ☐ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure



Chief Administrative Officer's Signature

Date



Distribution: Master File; Offender

Page 1 of 2

DOC 0046 (Rev. 01/2020)

QERCP101	 ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360 PRINTED SCHED. CALL PASS	 PAGE: 128 RUN DATE: 3/23/2020 RUN TIME: 4:54:10 PM
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS		
IDOC: Y35204 GRIFFIN, KORY PRIMARY: DIETARY DEPT. WORKER-EMR7060520873 OFFENDER CALL PASS ISSUED Minimum A Low EMR-EMR:03.A:28.U1		
DESTINATION: DAY: 3/24/2020 AT: 8:00:00 AM PASS TYPE: HEALTH CARE UNIT COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY AUTHORIZED: Taryn Pender		
Did not go		
CELL HOUSE SIGNATURE: _____ TIME: _____ DESTINATION SIGNATURE: _____ TIME: _____ EXIT SIGNATURE: _____ TIME: _____ RETURN SIGNATURE: _____ TIME: _____		

23/3/20

				PAGE: 96 RUN DATE: 6/29/2020 RUN TIME: 5:37:06 PM
ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360 PRINTED SCHED. CALL PASS				
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS OFFENDER CALL PASS ISSUED				
IDOC: Y35204 GRIFFIN, RORY PRIMARY: UNASSIGNED , PARTICIPANT-EMR710010009		Minimum A Low BME: BMR: 03: A: 28: UL		
DESTINATION:		DAY: 6/30/2020 AT: 8:00:00 AM		
PASS TYPE: HEALTH CARE UNIT COMMENTS: PHYSICAL THERAPY-MANDATORY AUTHORIZED: Kathy Horton		I Did Not Go		
CELL HOUSE SIGNATURE: _____ DESTINATION SIGNATURE: _____ EXIT SIGNATURE: _____ RETURN SIGNATURE: _____	TIME: _____ TIME: _____ TIME: _____ TIME: _____			

7-2-11

DESCRIPTION	ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360 PRINTED SCHED. CALL PASS	PAGE: 102 RUN DATE: 3/30/2020 RUN TIME: 5:16:12 PM
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS		
OFFENDER CALL PASS ISSUED		
IDOC: Y35204 GRIFFIN, FORY	MINIMUM	A LOW
PRIMARY: DIETARY DEPT., WORKER-EMR706530873		EMR:EMR:03:A:28:01
DESTINATION:	DAY: 3/31/2020	AT: 8:00:00 AM
PASS TYPE: HEALTH CARE UNIT		
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - NONMOTOR		
AUTHORIZED: Taryn Bender		
CELL HOUSE SIGNATURE:		TIME: _____
DESTINATION SIGNATURE:		TIME: _____
EXIT SIGNATURE:		TIME: _____
REVIEW SIGNATURE:		TIME: _____

D.D. Not go

2/21/23

OERCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 74	
		Offender 360		RUN DATE: 4/1/2020	
		PRINTED SCHED. CALL PASS		RUN TIME: 4:55:45 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
OFFENDER CALL PASS ISSUED					
IDOC: Y35204 GRIFFIN ROBY	Minimum	A	Low	EMR:EMR:03:A:28:01	
PRIMARY: DIETARY DEPT. WORKER-EMR/060520873					
DESTINATION:	PAY: 4/2/2020	AT:			
		8:00:00 AM			
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY					
AUTHORIZED: Tanya Pender					
CELL HOUSE SIGNATURE:		TIME:			
DESTINATION SIGNATURE:		TIME:			
EXIT SIGNATURE:		TIME:			
RETURN SIGNATURE:		TIME:			



I Did Not Go

B/M/2020-4

CERCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 46	
		OFFENDER 360		RUN DATE: 4/8/2020	
		PRINTED SCHED. CALL PASS		RUN TIME: 4:45:59 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OPS					
OFFENDER CALL PASS ISSUED					
IDOC: Y35204 GRIFFIN, ROBY		Minimum		A Low	
PRIMARY: DIETARY DEPT., WORKER-BMR7050320873				BMR-BMR: 03:11:28:01	
DESTINATION:		DAY: 4/9/2020		AT: 8:00:00 AM	
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY					
AUTHORIZED: Tanya Pender					
CELL HOUSE SIGNATURE: _____		TIME: _____			
DESTINATION SIGNATURE: _____		TIME: _____			
EXIT SIGNATURE: _____		TIME: _____			
RETURN SIGNATURE: _____		TIME: _____			

T. D. D. 100190

BMR 4/8

00000101		ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360 PRINTED SCHED. CALL PASS		PAGE: 62 RUN DATE: 4/13/2020 RUN TIME: 5:00:44 PM
ILLINOIS DEPARTMENT OF CORRECTIONS - ONS				
OFFENDER CALL PASS ISSUED				
IDOC: Y35204 GRIFFIN, ROBY	Minimum	A	Low	ERR: EHR:03:A:26:U1
PRIMARY: DIETARY DEPT. , WORKER-EHR7060520873				
DESTINATION:	DAY: 4/14/2020	AT: 8:00:00 AM		
PASS TYPE: HEALTH CARE UNIT				
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY				
AUTHORIZED: Taryn Bender				
CELL HOUSE SIGNATURE:	_____	TIME: ____:____		
DESTINATION SIGNATURE:	_____	TIME: ____:____		
EXIT SIGNATURE:	_____	TIME: ____:____		
RETURN SIGNATURE:	_____	TIME: ____:____		

I did not go.

EMH 4/13

OERCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 34	
		OFFENDER 360		RUN DATE: 4/15/2020	
		PRINTED SCHED. CALL PASS		RUN TIME: 4:46:23 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
OFFENDER CALL PASS ISSUED					
IDOC: V35284 GRIFFIN, ROBY	Minimum	A	Low	ENR:ENR:03.A:28:01	
PRIMARY: DISTRICT DEPT. WORKER-ENR7060520873					
DESTINATION:	DAY: 4/16/2020	AV:			
		8:00:00			
		AM			
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY					
AUTHORIZED: Talya Bender					
CELL HOUSE SIGNATURE:	TIME: ____:				
DESTINATION SIGNATURE:	TIME: ____:				
EXIT SIGNATURE:	TIME: ____:				
RETURN SIGNATURE:	TIME: ____:				

I did not go

ENR:ENR:03.A:28:01

0ERCE101



ILLINOIS DEPARTMENT OF CORRECTIONS
 Offender 360
 PRINTED SCHED. CALL PASS



PAGE: 60
 RUN DATE: 4/20/2020
 RUN TIME: 5:55:07 PM

ILLINOIS DEPARTMENT OF CORRECTIONS - CTS

OFFENDER CALL PASS ISSUED

IDOC: Y35204 GRIFFIN, RORY

Minimum A Low

INR:INR: 03:28:01

PRIMARY: DIETARY DEPT., WORKER-BMR7060520873

DESTINATION:

DAY: 4/21/2020

AT:
8:00:00
AM

PASS TYPE: HEALTH CARE UNIT

COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY

AUTHORIZED: TONY TENDER

I Did Not Go

CELL HOUSE SIGNATURE:	_____	TIME: ____:____
DESTINATION SIGNATURE:	_____	TIME: ____:____
EXIT SIGNATURE:	_____	TIME: ____:____
RETURN SIGNATURE:	_____	TIME: ____:____

CERCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 41	
		Offender 360		RUN DATE: 4/22/2020	
		PRINTED SCHED CALL PASS		RUN TIME: 5:09:39 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
IDOC: Y35204 GRIFFIN, ROBY		OFFENDER CALL PASS ISSUED			
PRIMARY: DIETARY DEPT. , WOMEN-BME7060320873		Minimum A Low		BME: BME: 03: A: 28: 01	
DESTINATION:		DAY: 4/23/2020		AT: 8:00:00 AM	
PASS TYPE: HEALTH CARE UNIT		<p style="text-align: center;">I Did Not Go</p> <p style="text-align: right;">4/23/2020 9</p>			
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY					
AUTHORIZED: Taryn Pender					
CELL HOUSE SIGNATURE: _____		TIME: _____			
DESTINATION SIGNATURE: _____		TIME: _____			
EXIT SIGNATURE: _____		TIME: _____			
RETURN SIGNATURE: _____		TIME: _____			

06CRP101	ILLINOIS DEPARTMENT OF CORRECTIONS OFFENSE: 160 PRINTED SCHED. CALL PASS	PAGE: 52 RUN DATE: 4/27/2020 RUN TIME: 5:25:25 PM
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS		
OFFENDER CALL PASS ISSUED		
IDOC: Y35204 GRIFFIN, RORY	Minimum	A Low
PRIMARY: DIETARY DEPT., WORKER-BMR7060520873		BMR-BMR:03.A:28:01
DESTINATION:	DAY: 4/28/2020	AT: 8:00:00 AM
PASS TYPE: HEALTH CARE UNIT		
COMMENTS: PHYSICAL THERAPY TO HEALTHCARE UNIT - MANDATORY		
AUTHORIZED: Tanya Pender		
CELL HOUSE SIGNATURE:		TIME: ____:____
DESTINATION SIGNATURE:		TIME: ____:____
EXIT SIGNATURE:		TIME: ____:____
RETURN SIGNATURE:		TIME: ____:____

I did not go

BMR-BMR 10

CERCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 37	
		Offender 160		RUN DATE: 4/29/2020	
		PRINTED SCHED. CALL PASS		RUN TIME: 5:06:17 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
OFFENDER CALL PASS ISSUED					
IEOC: VJ5204 GRIFFIN, RORY	MINIMUM	A	LOW	EWR:BWR:03:A:28:01	
PRIMARY: DIETARY DEPT. , WORKER-BWR7060520873					
DESTINATION:	DAY: 4/30/2020	AT:	8:00:00 AM		
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY					
AUTHORIZED: Taryn Pender					
CELL HOUSE SIGNATURE:	_____	TIME:	_____		
DESTINATION SIGNATURE:	_____	TIME:	_____		
EXIT SIGNATURE:	_____	TIME:	_____		
RETURN SIGNATURE:	_____	TIME:	_____		

I did not go

4/29/20

11

OERCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 57	
		Offender 360		RUN DATE: 5/6/2020	
		PRINTED SCHED. CALL PASS		RUN TIME: 4:23:46 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
OFFENDER CALL PASS ISSUED					
IDOC: Y35204 GRIFFIN, HORY	Minimum	A	Low	BMR:BMR:03:A:28:01	
PRIMARY: DIETARY DEPT., WORKER-BMR7060520873					
DESTINATION:	DAY: 5/7/2020	AT:			
		8:00:00 AM			
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY					
AUTHORIZED: Taryn Pender					
CELL HOUSE SIGNATURE:	TIME:				
DESTINATION SIGNATURE:	TIME:				
EXIT SIGNATURE:	TIME:				
RETURN SIGNATURE:	TIME:				

I.D. Not Go

5/11/24 10

OERCP101		ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360		PAGE: 63	
		PRINTED SCHED. CALL PASS		RTR DATE: 5/11/2020	
				RUN TIME: 5:04:28 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
OFFENDER CALL PASS ISSUED					
IDC: Y35204 GRIFFIN, JORY	Minimum	A	Low	EMR HMR: 03:A:28:01	
PRIMARY: DIETARY DEPT. , WORKER-BMR7060520873					
DESTINATION:	DAY: 5/12/2020	AT:	8:00:00 AM		
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY					
AUTHORIZED: Tanya Bender					
CELL HOUSE SIGNATURE:	_____	TIME:	_____		
DESTINATION SIGNATURE:	_____	TIME:	_____		
EXIT SIGNATURE:	_____	TIME:	_____		
RETURN SIGNATURE:	_____	TIME:	_____		


I Did not go

Exhibit 13

CORCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 53	
		PRINTED SCHED. CALL PASS		RUN DATE: 5/13/2020	
				RUN TIME: 5:24:12 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
OFFENDER CALL PASS ISSUED					
IDOC: V35204 GRIFFIN, ROBY	Minimum	A	Low	BMR: BMR: 03: A: 28: 01	
PRIMARY: DIETARY DEPT. , WORKER-BMR7060520873					
DESTINATION:	DAY: 5/14/2020	AT:	8:00:00 AM		
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY					
AUTHORIZED: TATYIA BENDER					
CELL HOUSE SIGNATURE:	TIME:	:			
DESTINATION SIGNATURE:	TIME:	:			
EXIT SIGNATURE:	TIME:	:			
RETURN SIGNATURE:	TIME:	:			

I Did Not Go

5/13/2020 5:24 PM

OSRCP101				ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360 PRINTED SCHED. CALL PASS		PAGE: 58 RUN DATE: 5/18/2020 RUN TIME: 5:45:25 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - CTS							
OFFENDER CALL PASS ISSUED							
IDOC: Y35204 GRIFFIN, ROBY	Minimum	A	Low	BKR: BKR: 03:28:01			
PRIMARY: DIETARY DEPT. , SORBER-PNR7060520873							
DESTINATION:	DAY: 5/19/2020	AT:					
		8:00:00 AM					
PASS TYPE: HEALTH CARE UNIT							
COMMENTS: PHYSICAL THERAPY-MANDATORY							
AUTHORIZED: Kathy Norton							
CELL HOUSE SIGNATURE:				TIME: ____:			
DESTINATION SIGNATURE:				TIME: ____:			
EXIT SIGNATURE:				TIME: ____:			
RETURN SIGNATURE:				TIME: ____:			

I did not go

5/18/20
75

06000101	ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360 PRINTED SCHED. CALL PASS	PAGE: 63 RUN DATE: 5/20/2020 RUN TIME: 4:59:03 PM
ILLINOIS DEPARTMENT OF CORRECTIONS - CTS		
OFFENDER CALL PASS ISSUED		
IDOC: Y36204 GRIVIN, ROY	Minimum	A Low
PRIMARY: DEPT. DEF. WORKER-BME7060520873	BMR: BMR: 03:28:01	
DESTINATION:	DAY: 5/21/2020	AT: 8:00:00 AM
PASS TYPE: HEALTH CARE UNIT	I Did not go	
COMMENTS: PHYSICAL THERAPY-PANDATORY		
AUTHORIZED: Kathy Horton		
CELL HOUSE SIGNATURE:	TIME: _____	
DESTINATION SIGNATURE:	TIME: _____	
EXIT SIGNATURE:	TIME: _____	
RETURN SIGNATURE:	TIME: _____	

284115 16

OERCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 56	
		Offender 360		RUN DATE: 5/25/2020	
		PRINTED SCHED. CALL PASS		RUN TIME: 4:43:38 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
OFFENDER CALL PASS ISSUED					
IDOC: Y35204 GRIFFIN, RORY	Minimum	A	Low	BMR: BMR: 03: A: 28: 01	
PRIMARY: DIETARY DEPT. , WORKER- BMR7060520973					
DESTINATION:	DAY: 5/26/2020	AT:	8:00:00 AM		
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY					
AUTHORIZED: Taryn Pender					
CELL HOUSE SIGNATURE:		TIME:			
DESTINATION SIGNATURE:		TIME:			
EXIT SIGNATURE:		TIME:			
RETURN SIGNATURE:		TIME:			

I Did Not go

5/25/2020 17

OERCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 50
		Offender 360		RUN DATE: 5/27/2020
		PRINTED SCHED. CALL PASS		RUN TIME: 4:43:35 PM
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS				
OFFENDER CALL PASS ISSUED				
IDOC: Y35204 GRIFFIN, RORY	MINIMUM	A	LOW	ERR: BMR: 03: A: 28: 01
PRIMARY: DISTRICT DEPT. , WORKER-ENR7060520873				
DESTINATION:	DAY: 5/28/2020	AT:		
		8:00:00		
		AM		
PASS TYPE: HEALTH CARE UNIT				
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY				
AUTHORIZED: Taryn Pender				
CELL HOUSE SIGNATURE:		TIME: ____:		
DESTINATION SIGNATURE:		TIME: ____:		
EXIT SIGNATURE:		TIME: ____:		
RETURN SIGNATURE:		TIME: ____:		

I Did Not

EM/11/18

OBRCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 75	
		Offender 360		RUN DATE: 6/1/2020	
		PRINTED SCHED. CALL PASS		RUN TIME: 5:14:19 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OIS					
OFFENDER CALL PASS ISSUED					
IDOC: Y35204 GRIFFIN, RORY	Minimum	A	Low	BIR:BYR:03:A:28:01	
PRIMARY: DIETARY DEPT. , WORKER-BHR7060520873					
DESTINATION:	DATE: 6/2/2020	AT: 8:00:00 AM			
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY - MANDATORY					
AUTHORIZED: Kendra Campanella					
CELL HOUSE SIGNATURE:	_____	TIME: _____			
DESTINATION SIGNATURE:	_____	TIME: _____			
EXIT SIGNATURE:	_____	TIME: _____			
RETURN SIGNATURE:	_____	TIME: _____			

I Did Not Go

Exhibit 4
19

OERCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 43	
		Offender 369		RUN DATE: 6/3/2020	
		PRINTED SCHED. CALL PASS		RUN TIME: 5:10:25 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
OFFENDER CALL PASS ISSUED					
IDOC: Y35204	GRIFFIN, RORY	Minimum	A	Low	ENR:ENR:03:A:28:01
PRIMARY: DISTRICT DEPT. WORKER-BMR1060520873					
DESTINATION:	DAY: 6/4/2020	AT:			
		8:00:00			
		AM			
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY - MANDATORY					
AUTHORIZED: Kendra Carpanella					
I did not go.					
CELL HOUSE SIGNATURE:	_____	TIME: ____:			
DESTINATION SIGNATURE:	_____	TIME: ____:			
EXIT SIGNATURE:	_____	TIME: ____:			
RETURN SIGNATURE:	_____	TIME: ____:			
LPH 6/4/20					

OBRCP101		ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360		PAGE: 52	
		PRINTED SCHED. CALL PASS		ROR DATE: 6/8/2020	
				ROR TIME: 5:14:35 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
OFFENDER CALL PASS ISSUED					
IDOC: Y35204	GRIFFIN, RORY	Minimum	A	Low	ERR: BPR: 03: A: 28: 01
PRISON: DETROIT DEPT., WORKER-SMR/060520673					
DESTINATION:					
PASS TYPE: HEALTH CARE UNIT					
DATE: 6/9/2020					
AT: 8:00:00 AM					
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY					
AUTHORIZED: Taryn Fender					
I DID NOT GO					
CELL HOUSE SIGNATURE: _____					
DESTINATION SIGNATURE: _____					
EXIT SIGNATURE: _____					
RETURN SIGNATURE: _____					
TIME: _____					
TIME: _____					
TIME: _____					

ORCP101	ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360 PRINTED SCHED. CELL PASS	PAGE: 50 RUN DATE: 6/10/2020 RUN TIME: 5:24:49 PM
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS		
OFFENDER CALL PASS ISSUED		
IDOC: Y35204 GRIFFIN, MORY	Minimum	A Low
PRIMARY: DIETARY DEPT., WORKER-BME7060520873		BME BKR: 03:11:28:01
DESTINATION:	DAY: 6/11/2020	AT: 8:09:00 AM
PASS TYPE: HEALTH CARE UNIT		
COMMENTS: PHYSICAL THERAPY IN HEATHCARE UNIT - MANDATORY		
AUTHORIZED: Taryn Pender		
CELL HOUSE SIGNATURE:		TIME: ____:____:____
DESTINATION SIGNATURE:		TIME: ____:____:____
EXIT SIGNATURE:		TIME: ____:____:____
RETURN SIGNATURE:		TIME: ____:____:____

I did not go

EM/6/11/20
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ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER 360 PRINTED SCHED. CALL PASS		PAGE: 75 RUN DATE: 6/15/2020 RUN TIME: 4:57:59 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS			
OFFENDER CALL PASS ISSUED IDOC: Y35204 GRIFFIN, ROBY PRIMARY: DIETARY DEPT. WORKER-BNR7060520973		Minimum A	Low EPR.DMR:03:28:01
DESTINATION: PASS TYPE: HEALTH CARE UNIT COMMENTS: PHYSICAL THERAPY - PTA - MANDATORY AUTHORIZED: KENDRA CAMPANELLA	DATE: 6/16/2020 AT: 8:00:00 AM	I Did not go	
CELL HOUSE SIGNATURE: _____ DESTINATION SIGNATURE: _____ EXIT SIGNATURE: _____ RETURN SIGNATURE: _____	TIME: _____ TIME: _____ TIME: _____ TIME: _____	EPR.DMR:03:28:01 3.5	

DESCRIPTION		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 65	
Offender 360		PRINTED SCHED. CELL PASS		RUN DATE: 6/17/2020	
				RUN TIME: 5:13:33 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
OFFENDER CALL PASS ISSUED					
IDOC: Y35204 GRIFFIN, RORY	MINIMUM	A	LOW	BMR BMR: 03: A:28:01	
PRIMARY: UNASSIGNED, PARTICIPANT-BMR710010009					
DESTINATION:	DAY: 6/18/2020	AT:	8:00:00 AM		
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY - PTA- MANDATORY					
AUTHORIZED: Kendra Camporeale					
CELL HOUSE SIGNATURE:		TIME:			
DESTINATION SIGNATURE:		TIME:			
EXIT SIGNATURE:		TIME:			
RETURN SIGNATURE:		TIME:			

I did not go

6/17/2020
24

06P0101



ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER 160
PRINTED SCHED. CALL PASS



PAGE: #2
RUN DATE: 6/22/2020
RUN TIME: 5:02:56 PM

ILLINOIS DEPARTMENT OF CORRECTIONS - OTS

OFFENDER CALL PASS ISSUED

IDOC: Y35204 GRIFFIN, ROBY Minimum A Low 1 HRR: HRR: 03: A: 28: U

PRIMARY: UNASSIGNED, PARTICIPANT: HRR/10010009

DESTINATION: DAY: 6/23/2020 AT: 8:00:00 AM

PASS TYPE: HEALTH CARE UNIT

COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY
AUTHORIZED: Taryn Pender

I did not go

CELL HOUSE SIGNATURE: _____

TIME: ____:____

DESTINATION SIGNATURE: _____

TIME: ____:____

EXIT SIGNATURE: _____

TIME: ____:____

RETURN SIGNATURE: _____

TIME: ____:____

Exit 25

CERCP101		ILLINOIS DEPARTMENT OF CORRECTIONS		PAGE: 58	
		Offender 360		RUN DATE: 6/24/2020	
		PRINTED SCHED. CALL PASS		RUN TIME: 5:02:14 PM	
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS					
OFFENDER CALL PASS ISSUED					
IDOC: Y35204 GRIFFIN, ROBY	Minimum	A	Low	BMR: BMR: 03: A: 28: 01	
PRIMARY: UNASSIGNED, PARTICIPANT: BMR710010009					
DESTINATION:	DAY: 6/25/2020	AT:			
		8:00:00			
		AM			
PASS TYPE: HEALTH CARE UNIT					
COMMENTS: PHYSICAL THERAPY IN HEALTHCARE UNIT - MANDATORY					
AUTHORIZED: Taryn Bender					
CELL HOUSE SIGNATURE:	_____	TIME: _____			
DESTINATION SIGNATURE:	_____	TIME: _____			
EXIT SIGNATURE:	_____	TIME: _____			
RETURN SIGNATURE:	_____	TIME: _____			

I did not go

Exhibit 36

LAW OFFICES
KENNETH N. FLAXMAN P.C.

March 30, 2021

Rory Griffin
Y35204
251 N. Illinois Highway 37
Ina, IL 62846

re: Your Letter

Thank you for contacting the law firm of Kenneth N. Flaxman P.C. about a potential case. We apologize for the delay in responding to your letter.

We cannot represent you. This is not because of any judgment we have made about the merits of your claim. We have not investigated your case and are expressing no opinion as to its merits or the likelihood of whether you would prevail. Rather, we have decided to decline the representation because we are overloaded with other matters.

If you decide to ask a court to recruit a lawyer for you, you may submit this letter to the court to demonstrate that you have tried to get a lawyer yourself.

Again, we will not be representing you, and we will not take any action on your behalf.

Sincerely,

Kenneth N. Flaxman P.C.

Kenneth N. Flaxman (312) 253-7189 knf@kenlaw.com **Joel A. Flaxman** (312) 253-7207 jaf@kenlaw.com

200 South Michigan Ave, Suite 201, Chicago, Illinois 60604 • T:(312) 427-3200 • F:(312) 427-3930 • www.kenlaw.com

BARACK FERRAZZANO

Barack Ferrazzano Kirschbaum & Nagelberg LLP

Carrie H. Sear | T. 312.629.7485 | carrie.sear@bfkn.com

April 1, 2021

**LEGAL MAIL – PRIVILEGED
AND CONFIDENTIAL**

VIA FIRST CLASS MAIL

Rory A. Griffin
Big Muddy Correctional Center # Y35204
251 N. Illinois Highway 37
Ina, IL 62846

Dear Rory:

We hope you are doing well.

We received your letter regarding a case you have involving medical indifference and IDOC. Unfortunately, our representation of you ended with the prior case, and we cannot represent you in a new case unless appointed by the Court. We hope you are able to get the medical treatment you need.

Please contact us should you have any questions or concerns.

Sincerely,



Carrie Sear

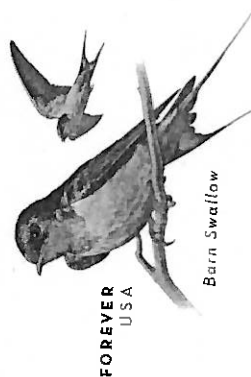
cc: Scott Porterfield



MR. KENNETH W. FLAXMAN
200 SOUTH MICHIGAN AVE SUITE 201
CHICAGO, ILLINOIS 60604-2407

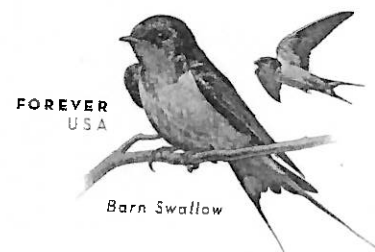
KORY GRIFFIN Y35204
Big Muddy River CC
251 N. ILLINOIS HIGHWAY 37
INDA, IL 62846

PO Box 909, FFA 735264
Big Muddy River CC 251 N.
ILLINOIS HIGHWAY 37 IOWA, IL 62846



MR. MARK E. WILSON
203 North Lasalle Street
Suite 2100 Chicago, IL 60601

SIFFIN Y35204
1 River CC
Illinois Highway 437
L62846



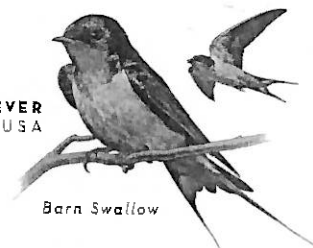
MR. THOMAS G. MORRISSEY,
10150 South Western Avenue
Chicago, Illinois 60643

RIFFIN Y35204

19 RIVER CL 251 N. ILLINOIS

37, INA, IL 62846

FOREVER
USA



BARACK FERRAZZANO
200 WEST MADISON STREET
SUITE 3900 CHICAGO IL 60606-
3465

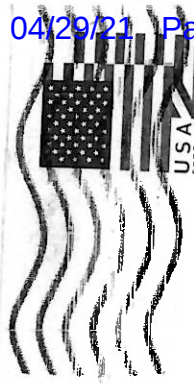
Kenneth N. Flaxman P.C.
200 S Michigan Ave Ste 201
Chicago IL 60604

UNIDENTIFIED AS LEGAL MAIL
OPENED BY MAILROOM STAFF

**PRIVILEGED
LEGAL MAIL**

CAROL STREAM IL 601

31 MAR 2021 PM 9 L



4A73

Rory Griffin
Y35204

251 N. Illinois Highway 37
Ina, IL 62846

62846-241951



IN THE UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Rory A. Griffin (#2014-1217015),

Plaintiff,

v.

Sheriff Thomas Dart, et al.,

Defendants.

Case No. 18 CV 1980

Judge Rebecca R. Pallmeyer

ORDER

The court directs the Clerk to reopen this case. The court requests that Mark E. Wilson / FisherBroyles, LLP / 203 N. LaSalle Street, Suite 2100 / Chicago, Illinois 60601 / (312) 498-8078 / mark.wilson@fisherbroyles.com represent Plaintiff in accordance with counsel's trial bar commitment under Local Rule 83.37 (N.D. Ill.). The complaint on file is dismissed without prejudice to Plaintiff's counsel filing an amended complaint by September 5, 2018, assuming counsel can do so consistent with his obligations under Rule 11 of the Federal Rules of Civil Procedure.

As recruited counsel, Mr. Wilson falls within the class of users listed in the Electronic Public Access fee schedule adopted by the Judicial Conference of the United States, therefore, Mr. Wilson shall be exempt from the payment of fees for access via PACER to the electronic case files maintained in this court for the above-captioned case and *Griffin v. Dart*, Case No. 17 CV 2463 (N.D. Ill.) only. Attorney Wilson is directed to open a separate PACER account to only be used for these cases, and fees are exempt for these cases only. Mr. Wilson is not exempt from the payment of fees incurred in connection with other uses of the PACER system in this court. This exemption is valid immediately and for the duration of the attorney's participation in the matter, but may be revoked at the discretion of the court at any time. Attorney Wilson shall contact the PACER Service Center at 1-800-676 6856 or via the link below to create the new PACER account and to make any necessary arrangements for the waiver. A copy of this order shall be sent to the PACER Service Center at [http:// www.pacer.psc.uscourts.gov/register.html](http://www.pacer.psc.uscourts.gov/register.html). A copy of this order shall also be sent to the Systems Department of the Northern District of Illinois.

STATEMENT

Plaintiff Rory Griffin, an inmate in the custody of the Cook County Department of Corrections, brings this *pro se* civil rights action pursuant to 42 U.S.C. § 1983. Plaintiff claims that Defendants, correctional officials, violated Plaintiff's constitutional rights by acting with deliberate indifference to his safety and medical needs. Plaintiff alleges that officers watched without intervening when a fellow detainee attacked Plaintiff, and then denied him access to needed medical care.

In an order dated May 1, 2018, the court dismissed this case due to Plaintiff's failure to respond to its show cause order. Plaintiff has now written to the court. Because his letter was submitted more than 28 days after dismissal, the court construes the July 6, 2018 letter as a

7000020
motion for relief from judgment, and grants it. Plaintiff has explained that he is completely illiterate, that correctional staff has refused to assist him, and that he relied on fellow inmates to draft the letter and all pleadings in this case. Accordingly, the court finds that Plaintiff is entitled to relief pursuant to FED. R. CIV. P. 6(b)(1). The court directs the Clerk to reopen the case.

Due to Plaintiff's professed inability to read or write, the court on its own motion requests that Mark E. Wilson / FisherBroyles, LLP / 203 N. LaSalle Street, Suite 2100 / Chicago, Illinois 60601 / (312) 498-8078 / mark.wilson@fisherbroyles.com represent Plaintiff in accordance with counsel's trial bar commitment under Local Rule 83.37 (N.D. Ill.).

After investigation, counsel should file an amended complaint by the above deadline. If counsel is unable to file an amended complaint consistent with his obligations under Rule 11 of the Federal Rules of Civil Procedure, he should so inform the court. The court encourages counsel to visit the Northern District's *Pro Bono* web page at <http://www.ilnd.uscourts.gov/Pages.aspx?page=ProBono> (case sensitive) for various resources related to *pro bono* representation.

ENTER:



Date: July 18, 2018

REBECCA R. PALLMEYER
United States District Judge

Cook County Health and Hospitals System

1900 West Polk Street, Chicago, Illinois 60612

Patient Name: GRIFFIN, RORY

Patient Type: Visit CHS

Birth Date: 5/8/1961

Gender: Male

Admission Date: 12/17/2014

Discharge Date:

FIN: 20141217015

MRN: 005029724c, 00524092z

CMRN: 1007013085

Mental Health CHS

Endorsed compliance. Denied side effects.

Histories

Allergies:

Allergic Reactions (Selected)

No Known Allergies

Current Medications: (Selected)

Inpatient MedicationsOrdered

Albuterol CFC free 90 mcg/inh inhalation aerosol with adapter: 2 PUFF, Inhalation, Inhalation, Q 4 hr kop, PRN For Shortness of Breath, Routine, 04/25/16 10:22:00, 26 WEEK, 10/24/16 10 21 00

beclomethasone 40 mcg/inh inhalation aerosol: 2 PUFF, Inhalation, Inhalation, Q 12 hr kop, Routine, 04/25/16 21:00:00, 12 WEEK, 07/18/16 20:59:00

benzoyl peroxide 5% topical gel: 1 APP, Gel, Topical, Daily, Application Site: Face, 04/26/16 9:00:00, 12 WEEK, 07/19/16 8:59:00

clindamycin 1% topical swab: 1 SWAB, Swab, Topical, BID, Application Site: Face, 04/25/16 17:00:00, 12 WEEK, 07/18/16 16:59:00

doxycycline: 100 MG, 1 CAP, Cap, PO, Q 12 Hr, Routine, 03/23/16 21:00:00, 12 WEEK, 06/15/16 20:59:00

flunisolide 25 mcg/inh nasal spray: 2 SPRAY, Spray, Nostril, Both, Q 12 Hr, Routine, 04/25/16 21:00:00, 12 WEEK, 07/18/16 20:59:00

folic acid: 1 MG, 1 TAB, Tab, PO, Daily, Routine, 04/26/16 9:00:00, 12 WEEK, 07/19/16 8:59:00

gabapentin: 400 MG, 1 CAP, Cap, PO, Q 12 Hr, Routine, 04/25/16 21:00:00, 12 WEEK, 07/18/16 20:59:00

hydroxychloroquine: 200 MG, 1 TAB, Tab, PO, Q 12 Hr, Routine, 04/25/16 21:00:00, 12 WEEK, 07/18/16 20:59:00

latanoprost 0.005% ophthalmic solution: Oph Gtts, Conj, Sac, Both, Bedtime kop, Instruction to Nursing: refill prn, Routine, 04/25/16 21:00:00, 16 WEEK, 08/15/16 20:59:00

methocarbamol: 750 MG, 1 TAB, Tab, PO, Q 12 Hr, Routine, 04/25/16 21:00:00, 12 WEEK, 07/18/16 20:59:00

methotrexate: 20 MG, 8 TAB, Tab, PO, Q Friday, Routine, 04/29/16 9:00:00, 12 WEEK, 07/22/16 8:59:00

prednisONE: 5 MG, 1 TAB, Tab, PO, Daily, Routine, 04/26/16 9:00:00, 12 WEEK, 07/19/16 8:59:00

ranitidine: 150 MG, 1 TAB, Tab, PO, Q 12 Hr, Routine, 04/25/16 21:00:00, 12 WEEK, 07/18/16 20:59:00

sertraline: 150 MG, 3 TAB, Tab, PO, Daily, Routine, 02/10/16 9:00:00, 18 WEEK, 06/15/16 8:59:00

traMADol: 100 MG, 2 TAB, Tab, PO, BID, PRN, For Other - See Instruction to Nursing, Instruction to Nursing: pain, Routine, 04/25/16 10:20:00, 12 WEEK, 07/18/16 10:19:00

traZODone: 200 MG, 2 TAB, Tab, PO, Bedtime, Routine, 02/09/16 21:00:00, 18 WEEK, 06/14/16 20:59:00

PrescriptionsPrescribed

Plaquenil 200 mg oral tablet: 200 MG = 1 TAB, PO, BID, # 120 TAB, 6 Refill(s), 02/08/16 10:03:57,
\\cchhspserver\SH2CLINI\2226P2

folic acid 1 mg oral tablet: 1 MG = 1 TAB, PO, Daily, # 60 TAB, 6 Refill(s), 02/08/16 10:03:54,
\\cchhspserver\SH2CLINI\2226P2

gabapentin 400 mg oral capsule: 400 MG = 1 CAP, PO, BID, # 120 CAP, 3 Refill(s), 03/01/16 9:58:07,
rxsh1pain1242p

Report Request ID: 66137704

Page 182 of 7.600

Facility: CHS

Location: 083H, D6, 19

CONFIDENTIAL: If the reader of this report is not the intended recipient; or the employee or agent responsible, you are hereby notified that any reading, dissemination, distribution or copying of this communication is strictly prohibited. If you receive this communication in error, please notify the appropriate party immediately.

Exhibit 1

Big Muddy River Correctional Center
251 N. Illinois Highway 37
P.O. Box 1000
Ina, IL 62846



UNIVERSITY OF ILLINOIS
Hospital and Health Sciences System
Reference Laboratory

840 South Wood Street,
Room 170 (M/C 750)
Chicago, Illinois 60612
Ph# (877) FOR-LABS
Fredrick Behm, M.D., Director

FASTING: Y

PATIENT NAME GRIFFIN, RORY Y35204		PATIENT ID A242-35204	DOB 05/08/1961	SEX M	STATUS Final	DESTINATION D242
PHYSICIAN LARSON, DENNIS P		COLLECT DATE & TIME 08/06/2019 02:30	DATE OF SERVICE 08/06/2019 23:30		PRINTED ON 08/07/2019 12:01	PAGE 2
REQUISITION NO. A242.5607	PT. LAB NO.	LAB REF NO.				

COMMENTS:

Diagnostic Procedure	Result		Units	Reference Range
	In Range	Out of Range		

<150	NORMAL
150-199	BORDERLINE HIGH
200-499	HIGH
>499	VERY HIGH

Triglyceride measurement must be performed on a specimen obtained from a fasting individual.

HDL 34 L MG/DL >40

(NOTE)

HDL <40 mg/dl is low and constitutes a coronary heart disease risk factor.
HDL >59 mg/dl is a negative risk factor for coronary heart disease.

LDL, CALCULATED 52 MG/DL <130

(NOTE)

LDL, Calculated (mg/dl):

<100	OPTIMAL
100-129	NEAR OPTIMAL
130-159	BORDERLINE HIGH
160-189	HIGH
>189	VERY HIGH

LDL cannot be calculated when triglycerides are >400 mg/dL. The UIMCC Core Laboratory also offers direct measurement of LDL which may be ordered separately (LDL Cholesterol, Direct).

RISK CATEGORY LDL GOAL (mg/dl)

CHD or CHD risk equivalent[1]	<100
Multiple (2+) risk factors[2]	<130
Zero to one risk factor	<160

[1] CHD risk equivalents include diabetes, other forms of atherosclerotic disease and/or multiple risk factors that confer a 10-year risk for CHD >20%.

[2] Major Risk Factors:

+1 Cigarette smoking
+1 Hypertension (BP > or =140/90 mmHg or on

Continued on the next page

GRIFFIN, RORY Y35204

08/07/2019 12:01

D242

Exhibit 4

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Big Muddy River Correctional Center
251 N. Illinois Highway 37
P.O. Box 1000
Ina, IL 62846



UNIVERSITY OF ILLINOIS
Hospital and Health Sciences System
Reference Laboratory

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Chicago, Illinois 60612
Ph# (877) FOR-LABS
Fredrick Behm, M.D., Director

FASTING: Y

PATIENT NAME GRIFFIN, RORY Y35204		PATIENT ID A242-35204	DOB 05/08/1961	SEX M	STATUS Final	DESTINATION D242
PHYSICIAN LARSON, DENNIS P		COLLECT DATE & TIME 08/06/2019 02:30	DATE OF SERVICE 08/06/2019 23:30		PRINTED ON 08/07/2019 12:01	PAGE 3
REQUISITION NO. A242.5607	PT. LAB NO.	LAB REF NO.				

COMMENTS:

Diagnostic Procedure	Result		Units	Reference Range
	In Range	Out of Range		
		antihypertensive meds)		
	+1	Low HDL cholesterol (<40 mg/dL)		
	+1	Family history of premature CHD		
	+1	Age: men 45 years and older women 55 years and older		
	-1	High HDL cholesterol (60 mg/dl or greater)		

TSH	2.65		MCIU/ML	0.35-4.0
URINALYSIS				
URINE COLOR	YELLOW			
URINE CLARITY	CLEAR			
URINE SP GRAV	1.015			1.003-1.035
URINE PH	6.0			5.0-8.0
URINE PROTEIN	NEGATIVE		MG/DL	NEG
URINE GLUCOSE	NEGATIVE		MG/DL	NEG
URINE KETONES	NEGATIVE		MG/DL	NEG
URINE BILIRUB	NEGATIVE			NEG
NITRITE	NEGATIVE			NEG
UROBILINOGEN	NEGATIVE		EU/DL	0.1-1.9
URINE BLOOD	NEGATIVE			NEG
LEUK ESTERASE	NEGATIVE			NEG

End of Report

GRIFFIN, RORY Y35204

08/07/2019 12:01

D242

Exhibit

Big Muddy River Correctional Center
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P.O. Box 1000
Ina, IL 62846



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Hospital and Health Sciences System
Reference Laboratory

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Room 170 (M/C 750)
Chicago, Illinois 60612
Ph# (877) FOR-LABS
Fredrick Behm, M.D., Director

FASTING: Y

PATIENT NAME GRIFFIN, RORY Y35204		PATIENT ID A242-35204	DOB 05/08/1961	SEX M	STATUS Final	DESTINATION D242
PHYSICIAN LARSON, DENNIS P		COLLECT DATE & TIME 11/26/2019 02:30	DATE OF SERVICE 11/26/2019 23:30		PRINTED ON 11/27/2019 10:01	PAGE 1
REQUISITION NO. A242.7614	PT. LAB NO.	LAB REF NO.				

COMMENTS:

Diagnostic Procedure	Result		Units	Reference Range
	In Range	Out of Range		
COMP METABOLIC PANEL				
BLOOD UREA NITROGEN	9		MG/DL	6-20
SODIUM	142		MMOL/L	135-145
POTASSIUM	4.3		MMOL/L	3.5-5.2
CHLORIDE	105		MMOL/L	98-108
GLUCOSE	79		MG/DL	65-110
CREATININE	1.10		MG/DL	0.50-1.50
CALCIUM	9.3		MG/DL	8.6-10.6
TOTAL PROTEIN	7.4		G/DL	6.0-8.0
ALBUMIN	4.1		GM/DL	3.4-5.0
BILIRUBIN, TOTAL	0.4		MG/DL	0-1.2
ALK PHOS	100		U/L	40-125
AST	33		U/L	10-40
CO2 CONTENT	29		MMOL/L	24-32
ANION GAP	8		MMOL/L	3-11
ALT	45		U/L	7-50
BUN/CREAT RATIO		8.2 L		12-20
HB A1C		6.5 H	%	<5.7

(NOTE)

Normal: <5.7%

Prediabetes: 5.7-6.4%

Diabetes: >=6.5%

The reference interval and criteria for diagnosing diabetes are based

on the recommendations by American Diabetes Association (Standards of

Medical Care in Diabetes-2017, Diabetes Care, Volume 40, Supplement 1, 2017).

LIPIDS

CHOLESTEROL	144	MG/DL	<200
-------------	-----	-------	------

(NOTE)

Cholesterol (mg/dl):

<200

200-239

>239

DESIRABLE

BORDERLINE HIGH

HIGH

TRIGLYCERIDE

(NOTE)

151 H MG/DL | <150 |

Continued on the next page
GRIFFIN, RORY Y35204

11/27/2019 10:01

D242

Exhibit

Big Muddy River Correctional Center
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PHYSICIAN LARSON, DENNIS P		COLLECT DATE & TIME 11/26/2019 02:30	DATE OF SERVICE 11/26/2019 23:30		PRINTED ON 11/27/2019 10:01	PAGE 2
REQUISITION NO. A242.7614	PT. LAB NO.	LAB REF NO.				

COMMENTS:

Diagnostic Procedure	Result		Units	Reference Range
	In Range	Out of Range		

Triglycerides (mg/dl):

<150	NORMAL
150-199	BORDERLINE HIGH
200-499	HIGH
>499	VERY HIGH

Triglyceride measurement must be performed on a specimen obtained from a fasting individual.

HDL	32 L	MG/DL	>40
-----	------	-------	-----

(NOTE)

HDL <40 mg/dl is low and constitutes a coronary heart disease risk factor.
HDL >59 mg/dl is a negative risk factor for coronary heart disease.

LDL, CALCULATED

82	MG/DL	<130
----	-------	------

(NOTE)

LDL, Calculated (mg/dl):

<100	OPTIMAL
100-129	NEAR OPTIMAL
130-159	BORDERLINE HIGH
160-189	HIGH
>189	VERY HIGH

LDL cannot be calculated when triglycerides are >400 mg/dL. The UIMCC Core Laboratory also offers direct measurement of LDL which may be ordered separately (LDL Cholesterol, Direct).

RISK CATEGORY	LDL GOAL (mg/dl)
CHD or CHD risk equivalent [1]	<100
Multiple (2+) risk factors [2]	<130
Zero to one risk factor	<160

[1] CHD risk equivalents include diabetes, other forms of atherosclerotic disease and/or multiple risk factors that confer a 10-year risk for CHD >20%.

[2] Major Risk Factors:

Continued on the next page
GRIFFIN, RORY Y35204

11/27/2019 10:01

D242

Exhibit 4

Big Muddy River Correctional Center
251 N. Illinois Highway 37
P.O. Box 1000
Ina, IL 62846



UNIVERSITY OF ILLINOIS
Hospital and Health Sciences System
Reference Laboratory

840 South Wood Street,
Room 170 (M/C 750)
Chicago, Illinois 60612
Ph# (877) FOR-LABS
Fredrick Behm, M.D., Director

FASTING: Y

PATIENT NAME GRIFFIN, RORY Y35204		PATIENT ID A242-35204	DOB 05/08/1961	SEX M	STATUS Final	DESTINATION D242
PHYSICIAN LARSON, DENNIS P		COLLECT DATE & TIME 11/26/2019 02:30	DATE OF SERVICE 11/26/2019 23:30		PRINTED ON 11/27/2019 10:01	PAGE 3
REQUISITION NO. A242.7614	PT. LAB NO.	LAB REF NO.				

COMMENTS:

Diagnostic Procedure	Result		Units	Reference Range
	In Range	Out of Range		

+1	Cigarette smoking			
+1	Hypertension (BP > or =140/90 mmHg or on antihypertensive meds)			
+1	Low HDL cholesterol (<40 mg/dL)			
+1	Family history of premature CHD			
+1	Age: men 45 years and older women 55 years and older			
-1	High HDL cholesterol (60 mg/dl or greater)			

End of Report

GRIFFIN, RORY Y35204

11/27/2019 10:01

D242

Exhibit

JB Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

Big Muddy River Correctional Center
251 N. Illinois Highway 37 • Ina, IL 62846-1000 • (618) 437-5300 TDD: (800) 526-0844

MEDICAL PERMIT

Offender Name: Griffin, Roy Offender Number: 435204
Housing Unit: 3A28

<input checked="" type="checkbox"/> New Order	<input type="checkbox"/> Renewal
<input type="checkbox"/> Change	<input type="checkbox"/> Cancel

<input checked="" type="checkbox"/> Low Bunk - Per Physician/PA/NP orders the above named offender to have
<input checked="" type="checkbox"/> Low Gallery - A low bunk and/or low gallery due to his medical conditions.
See Start Date below.

<input type="checkbox"/> Medical	<input type="checkbox"/> State Boots
<input type="checkbox"/> Cane <input type="checkbox"/> Walker	<input type="checkbox"/> Special Shoes: _____
<input type="checkbox"/> Orthopedic <input type="checkbox"/> Slow Walk	<input type="checkbox"/> Contacts
<input type="checkbox"/> Crutches	<input type="checkbox"/> C-Pap Machine
<input type="checkbox"/> Other: _____	<input type="checkbox"/> No Gym/Yard
<input type="checkbox"/> ADA Hard of Hearing	<input type="checkbox"/> Wheelchair: size: _____
<input type="checkbox"/> Hearing Aids: RT: _____ LT: _____	<input type="checkbox"/> Medical Gym
<input type="checkbox"/> Other ADA	
<input type="checkbox"/> Other	

Start Date: 8-26-19

Expiration Date: 2-26-20

Authorized By: _____

MD: _____

Date: 8-26-19

PA/NP: _____

Date: _____

Distribution: Offender

Cc:

- ☐ Medical Records
- ☐ B of I
- ☐ Clothing

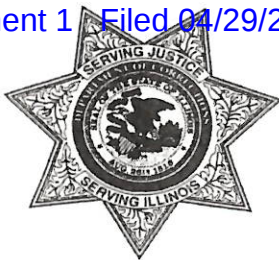
- ☐ Personal Property
- ☐ Placement
- ☐ File

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

Exhibit

360
8-26-19
Am

JB Pritzker
GovernorRob Jeffreys
Acting Director

The Illinois Department of Corrections

Big Muddy River Correctional Center
251 N. Illinois Highway 37 • Ina, IL 62846-1000 • (618) 437-5300 TDD: (800) 526-0844

MEDICAL PERMIT

Offender Name: Grth. Ray Offender Number: 435204
Housing Unit: 3A28

<input type="checkbox"/> New Order	<input type="checkbox"/> Renewal
<input type="checkbox"/> Change	<input type="checkbox"/> Cancel

<input type="checkbox"/> Low Bunk - Per Physician/PA/NP orders the above named offender to have <input type="checkbox"/> Low Gallery - A low bunk and/or low gallery due to his medical conditions. See Start Date below.	
---	--

<input type="checkbox"/> Medical	<input type="checkbox"/> State Boots
<input type="checkbox"/> Cane <input type="checkbox"/> Walker	<input type="checkbox"/> Special Shoes: _____
<input type="checkbox"/> Orthopedic <input type="checkbox"/> Slow Walk	<input type="checkbox"/> Contacts
<input type="checkbox"/> Crutches	<input type="checkbox"/> C-Pap Machine
<input type="checkbox"/> Other: _____	<input type="checkbox"/> No Gym/Yard
<input type="checkbox"/> ADA Hard of Hearing	<input type="checkbox"/> Wheelchair: size: _____
<input type="checkbox"/> Hearing Aids: RT: _____ LT: _____	<input type="checkbox"/> Medical Gym
<input type="checkbox"/> Other ADA	
<input type="checkbox"/> Other <u>medically unaging</u>	

Start Date: 9/16/19Expiration Date: 12-16-19

Authorized By: _____

MD: [Signature] Date: 9/16/19

PA/NP: _____ Date: _____

Distribution: Offender

Cc: ☐ Medical Records☐ B of I☐ Clothing☐ Personal Property☐ Placement☐ File

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

Exhibit 4

360
9-17-19
Am

Sent to Kathy + Laurie 10-31-19



Wheelchair and Other Supplies Request

INSTRUCTIONS: This form should be completed IN ITS ENTIRETY by the prescribing practitioner.

- Submit the completed form to wexfordpurchasing@wexfordhealth.com.
- Wexford Health will forward approved requests to the facility prescribing Practitioner and Wexford Health purchasing to place order. All requests that are not approved will be returned to the facility Medical Director and to the prescribing practitioner. Wexford Health will review one (1) appeal of the decision.

PRESCRIBING PRACTITIONER & PATIENT CONTACT INFORMATION

Prescribing practitioner name: LARSON
 Prescribing practitioner phone number: 435 204
 Prescribing practitioner FAX number: Bruce
 Patient name: Griffith Rory
 Patient ID (if available): [Signature]
 Facility: 103019
 Facility Medical Director name: LARSON
 Facility Medical Director's signature: [Signature]
 Specialist name (if applicable): Dr Young
 Specialist phone number: Or to
 Area of specialty: Or to

WHEELCHAIR

Medical condition/diagnosis being treated: S.P. Repair Tom @ map لندن

Patient height: ☐ 18 ☐ 20 ☐ 22 ☐ 24
 Patient weight: _____
 Patient age: _____
 Wheelchair Size: _____

OTHER SUPPLIES REQUESTED - PATIENT SPECIFIC

1	Equipment or Other Item Requested	Reason for Request	Size	Options
1	<u>Compression Sleeve ONE</u>		<u>forearm circumference 32.5 cm</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> R <input type="checkbox"/> L
2	Equipment or Other Item Requested	Reason for Request		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> R <input type="checkbox"/> L
3	Equipment or Other Item Requested	Reason for Request		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> R <input type="checkbox"/> L

FOR WEXFORD HEALTH PITTSBURGH USE ONLY

☐ Approved Duration
 Reason for decision: _____
☐ Need more information ☐ Not Approved

Signature of reviewing practitioner

Date of decision

Name of reviewing practitioner (please print)

SITE APPEAL

☐ Appeal to Corporate Medical Director

Reason:

CORPORATE MEDICAL DIRECTOR APPEAL DECISION

☐ Approved ☐ Not Approved

Reason for Decision

Corporate Medical Director Signature

Date of decision

Certificate #

12/21/19

EXHIBIT



Wheelchair and Other Supplies Request

INSTRUCTIONS: This form should be completed IN ITS ENTIRETY by the prescribing practitioner.

- Submit the completed form to Wexford Health Sources, 11302 Old Orchard Road, Suite 100, Dallas, TX 75243.
- Wexford Health Sources will forward approved requests to the local prescribing practitioner. A request that is not approved will be returned to the local Medical Director for the prescribing practitioner. A request that is not approved will be returned to the local Medical Director for the prescribing practitioner.

PRESCRIBING PRACTITIONER & PATIENT CONTACT INFORMATION

Prescribing Practitioner Name

LARSON
Griffith Rory

Prescribing Practitioner Phone

735 704

Prescribing Practitioner Fax

Blank

Address

LARSON

City/State/Zip

103019

City/State/Zip

De Young

City/State/Zip

Phone Number

On to

WHEELCHAIR

51P Repair Tom D. Mayhew

Age

19

20

21

22

Age

Weight

OTHER SUPPLIES REQUESTED - PATIENT SPECIFIC

Compression Sleeve DUE to forearm circumference 32.5 cm

Equipment - Patient

Reason for Request

Equipment - Patient

Reason for Request

Equipment - Patient

Reason for Request

FOR WEXFORD HEALTH SOURCES USE ONLY

Request Date

Requesting Physician

8/14/21

Access to Corporate Medical Director

Person

FOR REGIONAL DIRECTOR/ADMINISTRATOR USE ONLY

Approved

Not Approved

Requesting Physician

Corporate Medical Director Signature

Date

Exhibit 4

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Vital Sign

Graphic Flow Sheet

Offender Information:

Griffin

Last Name

Rom

First Name

MI

ID# Y35204

Facility:

BMRCC

Date	7-20-19						7-21-19						7-22-19						7-23-19						7-24-19					
Hosp Day/Po Day	1						1						1						1						1					
Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12						
Temperature	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
106	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
105	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
104	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
103	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
102	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
101	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
100	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
99	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
98	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
97	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
96	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6						
Pulse	96						95						100						100						99					
Respiration	16						16						16						16						16					
Blood Pressure	135/89						145/87						156/106						136/84						140/90					
Weight	197.2																													
Stools																														
Urine																														
Bath: C-P-T-S																														
Oral Hygiene																														
PM Care																														
Diet																														
Ate	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P						
Slept	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P						
Activity	as tol						as tol						as tol						as tol						as tol					
Bed Rest																														
Bed positioning																														
R.O.M. Exercises																														
Whirlpool																														
Transfers																														
Walk																														
Other:	97%						98%						97%						95%						97%					

Staff Name	7-3	3-11	11-7
English	English	English	English
Mayer	Mayer	Mayer	Mayer
Chapman	Chapman	Chapman	Chapman

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0110 (Eff. 9/2002)
(Replaces DC 1705)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmery Vital Sign
Graphic Flow Sheet

Offender Information:

Facility:

Last Name

BMRCC

First Name

MI

ID#: 135204

Date	7-25-19												7-26-19												7-27-19												7-28-19												7-29-19											
Hosp Day/Po Day	1												1												1												1												1											
Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12																					
Temperature																																																												
106																																																												
105																																																												
104																																																												
103																																																												
102																																																												
101																																																												
100																																																												
99																																																												
98																																																												
97																																																												
96																																																												
Pulse	95												95												96												96												97											
Respiration	16												16												15												16												16											
Blood Pressure	153/86												155/96												138/86												132/76												146/90											
Weight																																					199#																							
Stools																																																												
Bath: C-P-T-S																																																												
Oral Hygiene													SELF												S												S												S											
PM Care																									Reg												Reg												Reg											
Diet	as tol												AS TOL												as tol												as tol												as tol											
Ate	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P																					
Slept	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P																					
Activity	as tol												AS TOL												as tol												as tol												as tol											
Bed Rest																																																												
Bed positioning																																																												
R.O.M. Exercises																																																												
Whirlpool																																																												
Transfers													SELF												S												S												S											
Walk																																																												
Other:	95%												97%												97%												98%												95%											
Staff Name	E. M. M. M. M. M. M. M. M. M. M. M.												D. M. M. M. M. M. M. M. M. M. M. M.												D. M. M. M. M. M. M. M. M. M. M. M.												D. M. M. M. M. M. M. M. M. M. M. M.												D. M. M. M. M. M. M. M. M. M. M. M.											
Distribution:	Offender's Medical Record																																																											

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Vital Sign
Graphic Flow Sheet

Offender Information:

Griffin

Rory

Last Name

First Name

MI

ID#: 435204

Facility:

BMRCC

Date	8-4-19				8-5-19				8-6-19				8-7-19				8-8-19			
Hosp Day/Po Day	1				1				1				1				1			
Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12		
Temperature	106	106	106	106	106	106	106	106	106	106	106	106	106	106	106	106	106	106		
105																				
104																				
103																				
102																				
101																				
100																				
99																				
98																				
97																				
96																				
Pulse	16				94				96				89				83			
Respiration	16				16				16				17				16			
Blood Pressure	138/89				150/93				150/90				142/94				150/92			
Weight	197.8																			
Height																				
Stools																				
Urine																				
Bath: C-P-T-S	S				S				S				S				S			
Oral Hygiene	S				S				S				S				S			
PM Care	S				S				S				S				S			
Diet	Reg				Reg				Reg				Reg				Reg			
Ate	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P		
Slept	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P		
Activity	as tol				as tol				as tol				as tol				as tol			
Bed Rest	S				S				S				S				S			
Bed positioning	S				S				S				S				S			
R.O.M. Exercises	S				S				S				S				S			
Whirlpool	S				S				S				S				S			
Transfers	S				S				S				S				S			
Walk	S				S				S				S				S			
Other:	97%				96%				95%				97%				97%			
Staff Name	R. Batten				R. Batten				R. Batten				R. Batten				R. Batten			
7-3	M. Batten				M. Batten				M. Batten				M. Batten				M. Batten			
3-11	M. Batten				M. Batten				M. Batten				M. Batten				M. Batten			
11-7	M. Batten				M. Batten				M. Batten				M. Batten				M. Batten			

Distribution: Offender's Medical Record

DOC 0110 (EH, 9/2002)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Vital Sign
Graphic Flow Sheet

Offender Information:

Last Name: ProffinFirst Name: RoryMI: ID#: 1/35204Facility: Bundee

Date	8-14-19				8-15-19				8-16-19				8-17-19				8-18-19			
Hosp Day/Po Day	1				1				1				1				1			
Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12		
Temperature	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
106	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
105	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
104	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
103	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
102	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
101	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
100	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
99	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
98	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
97	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
96	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
Pulse	83				77				95				84							
Respiration	16				16				16				16							
Blood Pressure	145/82				138/84				130/94				121/84							
Weight													198							
Stools																				
Bath: C-P-T-S	S				S				S				S							
Oral Hygiene	S				S				S				S							
PM Care	S				S				S				S							
Diet	W reg				W reg				W reg				W reg							
Ate	W	F	P		W	F	P		W	F	P		W	F	P		W	F	P	
Slept	W	F	P		W	F	P		W	F	P		W	F	P		W	F	P	
Activity	as tol				as tol				as tol				as tol							
Bed Rest	S				S				S				S							
Bed positioning	S				S				S				S							
R.O.M. Exercises	S				S				S				S							
Whirlpool	S				S				S				S							
Transfers	S				S				S				S							
Walk	S				S				S				S							
Other:	93%				96%				95%				97%							
Staff Name	7-3: <u>M. J. [Signature]</u>				7-3: <u>L. [Signature]</u>				7-3: <u>C. [Signature]</u>				7-3: <u>E. [Signature]</u>							
	3-11: <u>M. [Signature]</u>				3-11: <u>M. [Signature]</u>				3-11: <u>M. [Signature]</u>				3-11: <u>M. [Signature]</u>							
	11-7: <u>M. [Signature]</u>				11-7: <u>M. [Signature]</u>				11-7: <u>M. [Signature]</u>				11-7: <u>M. [Signature]</u>							

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0110 (Eff. 9/2002)
(Replaces DC 1705)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Vital Sign
Graphic Flow Sheet

Offender Information:

Facility:

Last Name

First Name

MI

ID#:

Date	8-24-19						8-25-19						8-26-19						8-27-19						8-28-19					
Hosp Day/Po Day	/						/						/						/						/					
Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12						
Temperature	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
106	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
105	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
104	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
103	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
102	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
101	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
100	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
99	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
98	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
97	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
96	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B						
Pulse	94						95																							
Respiration	17						16																							
Hours	4 AM																													
	8 AM																													
Blood Pressure	Noon																													
	4 PM						144/98						138/96																	
	8 PM																													
	Midnight																													
Weight	Height						201#																							
Stools	Urine																													
Bath: C-P-T-S																														
Oral Hygiene							SELF																							
PM Care																														
Diet							SELF																							
Ate	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P						
Slept	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P						
Activity	an tol						AS TOU																							
Bed Rest							SELF																							
Bed positioning							SELF																							
R.O.M. Exercises							SELF																							
Whirlpool							SELF																							
Transfers																														
Walk																														
Other:																														
	96%						99%																							
Staff Name	7-3 Engu						D. Sumner																							
	3-11 D. Sumner						D. Sumner																							
	11-7 R. B. B.						M. R.																							

BOSWELL PHARMACY SERVICES
814-629-1397 • Fax: 814-629-7644

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Original Order PRN 4/12/2019 Discontinue 10/8/2019	ACETAMINOPHEN 325MG TAB LARSON, DENNIS TAKE 2 TABLET(S) BY MOUTH THREE TIMES A DAY AS NEEDED	0800 1200 2000																																
Rx # 54637361 Original Order 7/20/2019 Discontinue 2/14/2020	AMLODIPINE BES 10MG TAB LARSON, DENNIS TAKE 1 TABLET(S) BY MOUTH DAILY	0800																																
Rx # 55992964 Original Order 7/20/2019 Discontinue 2/14/2020	ATORVASTATIN 40MG TAB LARSON, DENNIS TAKE 1 TABLET(S) BY MOUTH EVERY EVENING	2000																																
Rx # 55992970 Original Order PRN 7/26/2019 Discontinue 2/20/2020	CALCIUM ANTACID 500MG CHW LARSON, DENNIS CHEW 2 TABLET(S) BY MOUTH THREE TIMES A DAY AS NEEDED	0800 1200 2000																																
Rx # 55408862 Original Order 7/5/2019 Discontinue 3/30/2020	DULOXETINE 30MG CAP SUB FOR: CYMBALTA VAKAR, EMIL TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME	2000																																
Rx # 55952258 Original Order 7/20/2019 Discontinue 2/14/2020	FAMOTIDINE 20MG TAB LARSON, DENNIS TAKE 1 TABLET(S) BY MOUTH TWICE A DAY	0800 2000																																
<p>Location: <u>Unit 3A28</u></p> <p>Inmate Name and Number: <u>GRIFFEIN, RORY Y35204</u></p> <p>Date of Birth or Soc. Sec. No.: <u>05/08/1961</u></p> <p>Allergies: <u>NO KNOWN DRUG ALLERGY</u></p>		<p>Chartering for: <u>09/01/2019</u> Through: <u>09/30/2019</u></p>		<p>Diagnosis:</p>																														

BOSWELL PHARMACY SERVICES

814-629-1397 • Fax: 814-629-7644

EFFECTIVE DATES		MEDICATIONS																								HOUR		Initial		Signature		Initial		Signature		Initial		Signature		Initial		Signature	
Original Order		LATANOPROST (2.5ML) 0.005% EYE DRO																								2000																	
6/8/2019		SUB FOR: XALATAN MONTGOMERY, ALAN																																									
Discontinue		INSTILL 1 DROP(S) AT BEDTIME IN BOTH EYES *DOT*																																									
10/5/2019																																											
Rx # 54366689																																											
Original Order		METHOTREXATE 2.5MG TAB																								0800																	
7/20/2019		SUB FOR: RHEUMATREX LARSON, DENNIS																																									
Discontinue		TAKE 8 TABLETS BY MOUTH ONCE A WEEK																																									
2/14/2020																																											
Rx # 55693694																																											
Original Order		MIRTAZAPINE 30MG TAB																																									
7/5/2019		SUB FOR: REMERON VAKAR, EMIL																																									
Discontinue		TAKE 1 TABLET(S) BY MOUTH AT BEDTIME																																									
3/30/2020																																											
Rx # 55052254																																											
Original Order		NASACORT ALLERGY (10.8ML) 55MCG SPR																								2000																	
4/12/2019		SUB FOR: LARSON, DENNIS																																									
Discontinue		PLACE 1 SPRAY(S) IN EACH NOSTRIL DAILY																																									
10/8/2019																																											
Rx # 54367257																																											
Original Order		OPCON-A (15ML) DRO																								0800																	
8/5/2019		SUB FOR: NAPHCON-A MONTGOMERY, ALAN																																									
Discontinue		INSTILL 1 DROP(S) FOUR TIMES A DAY IN BOTH EYES																								1200																	
10/4/2019																										1600																	
Rx # 55126678																										2000																	
Original Order		VITAMIN B-12 500MCG TAB																																									
7/20/2019		SUB FOR: CYANOCOBALAMIN LARSON, DENNIS																								0800																	
Discontinue		TAKE 1 TABLET(S) BY MOUTH DAILY																																									
2/14/2020																																											
Rx #																																											
Initial																																											
Signature																																											
Initial																																											
Signature																																											
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BOSWELL PHARMACY SERVICES
814-629-1397 • Fax: 814-629-7644

[illegible]

ILLINOIS DEPARTMENT OF OFFENDER
Offender Health Status Transfer Summarymed
8-9-19

Transferring Facility:

Bmecc

Center

Offender Information:

Griffin

Last Name

Rory

First Name

MI

ID# 435204

Date: 4:30 pm

Time: 7-31-19

☐ a.m. ☐ p.m.

Transfer Screening (completed by transferring facility health care staff):

☐ HIV Test & Counseling Offered (only transfers to ATC, parole, release or discharge)
Food Handler Approved

Allergies: NKDA

Current / Acute Conditions / Problems:

↑ Lipids; HTN; DM

Chronic Conditions / Problems:

Current Medications (name, dosage, frequency, and duration):

Lupenex 45mg 1-2 puffs
Acute Short-term: METHOTREXATE 8-2.5mg TABLETS ON FRIDAY
Chronic Long-term: Lipitor 40mg; NORVASC 10mg DAILY; PEPCID 20mg; Vit B12 500mcg DAILY
Chronic Psychotropic: REMERON 30mg PM; Cymbalta 30mg PM LATANOPROST 1gt EYE PM

Current Treatments:

AS ABOVE

Therapeutic Diets:

REGULAR

Follow-Up Care:

ROUTINE

Chronic Clinics:

CARDIAC; GEN MED

Specialty Referrals:

AS NEEDED

Significant Medical History:

Asthma; DM; HTN; ↑ Lipids; GLAUCOMA; GERD; VBI2

Physical Disabilities / Limitations:

NONE

Assistive Devices / Prosthetics:

NONE

Mental Health Issues:

☐ Hx Suicide Attempt Date:

R & C Use Only:

☐ LAB☐ EKG☐ CXR☐ Dental☐ MEDS☐ MH☐ Other:☒ Glasses☐ Dentures☐ Hearing Aid☐ Substance Abuse☐ Alcohol☐ Drugs☐ Packet Complete

D. KRAMER RN

Health Care Staff and Title

Signature

7-31-19

Date

Reception Screening (completed by receiving facility health care staff):

Facility:

Subjective:

Current Complaint:

Current Medications/Treatment:

Date: _____ Time: _____

☐ a.m.
☐ p.m.

Objective:

Physical Appearance/Behavior:

Part of Exam:

☐ History Information Given☐ Social History / Routine☐ Medication Evaluation☐ Work Program / School☐ Informal Feedback☐ Other (specify):☐ Emergency Referral☐ Transportation☐ Speech / Hearing☐ Speech / Hearing☐ Other (specify):

Printed Name and Title

Signature

Date

☐ For Adult Transition Center transfers☐ For Electronic Detention Monitoring

Mental Health Professional Signature and Title

Date

☐ Approved☐ Denied

Health Care Staff Signature and Title

Date

☐ Approved☐ Denied

EWA 6/4

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Infirmary Progress Notes

BMRCC

Center

Offender Information:

Griffith
Last NameRay
First Name435204
MI ID#

Date/Time	Subjective, Objective, Assessment	Plans
8/26/19 8/17	INFIRMARY DISCHARGE SUMMARY BY: (CIRCLE) MD DENTIST PSYCHIATRIST	INFIRMARY DISCHARGE ORDERS:
	ADMISSION DATE: 6/25/19	DL to Pp
	DISCHARGE DATE AND TIME: 8/26/19 9a	CB to Penit to 6 mo
	ADMITTING DIAGNOSIS: Sip @ long term Nipm 62 y/o	Same R
	DISCHARGE DIAGNOSIS: Sip @ long term Nipm	FOLLOW UP PLAN: MASC 1 med
	INFIRMARY COURSE: Engen for long @ long Curt Remund was P.T. what sum c certif snell in Nipm for	

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Progress Notes

BMRCC

Center

Offender Information:

Griffin
Last Name

Rory
First Name

MI

ID#:

135204

Date/Time	Subjective, Objective, Assessment	Plans
8-26-19	RN/LPN INFIRMARY DISCHARGE SUMMARY	p.
9:30 AM	s. OK	Diet on discharge: <i>Regular</i>
	Summary of reason for admission:	Treatment and Medications on Discharge:
	<i>S/P Lt. hip tendon repair</i>	<i>Same Rx</i>
		<i>LB/LG X 6 months</i>
	O. Physical assessment on Discharge:	
	Temp <i>98.2</i> Wt. <i>201</i>	
	Pulse <i>115</i> Resp <i>14</i> B/P <i>162/99</i>	Return Follow-up: <i>MASC in 1 week</i>
		Patient Education: <i>Return to HCU</i>
		<i>as needed</i>
	A. Admitting Diagnosis: <i>Lt. hip</i>	
	<i>tendon repair</i>	
	NursingDx: <i>Alt - Comp</i>	Nurses Signature: <i>[Signature]</i>

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Big Muddy River Correctional Center

* out of sequence

Offender Information:

Griffin

Kory

ID#: X35209

Date/Time	Subjective, Objective, Assessment	Plans
10:10 (A) 9-3-2019	PTA NOTE - S) Works on scar tissue mob (D). Doesn't see much progress. D) S.I. mob, elbow flex, ext to end range stretch, @ wrist mob, rotation, flex, ext, sup - pronation ^{error} from end range stretch. A) ↓ ROM @ 90° scar tissue	P) Cont. ROM, stretching as/ doc to ↑ ROM, ↓ pain from scarring. J Sawko PTA, BAS.
9:319	Health Status Complete	J Hevault (pr)

Offender Health Status Transfer Summary

Med 9-13-19

Transferring Facility:

BMRC Center

Offender Information:

Griffin

Rory

Y35204

Date: 9-3-19

Time: 8:30

☐ a.m. ☒ p.m.

Transfer Screening (completed by transferring facility health care staff):

☐ HIV Test & Counseling Offered (only transfers to ATC, parole, release or discharge)

Allergies: NKDA

Current Acute Conditions / Problems:

Repair Arm Tendon / muscle

Food Handler Approved: Yes 5-16-19

Chronic Conditions / Problems:

Asthma

Current Medications (name, dosage, frequency, and duration):

Acute Short-term: Tylenol 3 tabs PRN

Chronic Long-term: Atorvastatin 40mg, Norvasc 10mg, Methotrexate 2.5mg 8 tabs weekly, Pepcid 20mg, Vit B-12 500mcg

Chronic Psychotropic: Remeron 30mg, Cymbalta 30mg @ HS

Current Treatments:

Xopenex HFA 45mg, Latanoprost 2.5ml + gtts Both eyes @ HS, Nasacort + spray

Therapeutic Diets:

Reg diet

Follow-Up Care:

Routine Health Care

Chronic Clinics:

Asthma HTN Hyperlipidemia

Specialty Referrals:

Ortho

Significant Medical History:

Hand injury, Dyslipidemia, Bicep tendon tear, Glaucoma, Rheumatoid Arthritis, Head trauma 2012 or 2013, GERD

Physical Disabilities / Limitations:

Low back Low Gal

Assistive Devices / Prosthetics:

Mental Health Issues:

☒ Hx Suicide Attempt Date: 1983☒ Hx Psych Med☐ Hx MPO / STD☒ Glasses☐ Dentures☐ Hearing Aid

R & C Use Only:

☐ LAB☐ EKG☐ CXR☐ Dental☐ MEDS☐ MH☐ Other:

Substance Abuse

☐ Alcohol☐ Drugs

JLeVault Lpn

Health Care Staff and Title

JLeVault Lpn

Signature

☐ Packet Complete

9-3-19

Date

Reception Screening (completed by receiving facility health care staff):

Facility:

Subjective:

Date:

Time:

☐ a.m.☐ p.m.

Current Complaint:

Assessment:

Current Medications/Treatment:

Objective:

Physical Appearance/Behavior:

Plan/Disposition:

☐ Health Information Given☐ Emergency Referral☐ Sick Call - Urgent / Routine☐ Medication Evaluation☐ Therapeutic Diet☐ Special Housing☐ Chronic Clinics☐ Work Program Limitation☐ Specialty Referrals☐ Other Specialty☐ Infirmary Placement☐ Other Specify:

Deformities: Acute/Chronic:

T: P: R: B.P.:

Printed Name and Title

Signature

Date

☐ For Adult Transition Center transfers ☐ For Electronic Detention/Monitoring:

Mental Health Professional Signature and Title

Date

☐ Approved☐ Denied

Health Care Staff Signature and Title

Date

☐ Approved☐ Denied

Exhibit

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

BIG MUDDY RIVER CORRECTIONAL Center

Offender Information:

Griffin

Last Name

Rory

First Name

MI

ID#: Y35204

Date/Time	Subjective, Objective, Assessment	Plans
9-23-19 1000 (A)	PTA NOTE - S) Wrist (2) was swollen over ^{even} weekend . O) No edema noted today. A) Scar tissue mob @ ant elbow area. stretching elbow ext, wrist flex, ext, sup, pron. med. improvement noted.	P) Cont. P.T. as per p r ROM @ elbow/wrist. Sampley Franko PTA, BAS evrigh
9-24-19 10:50 pm 9:00 (A)	Heath Status Complete	J. Dixon can
9-25-19	PTA NOTE - S) Works on Scar Tissue mob + stretching. O) S.T.M. stretching for elbow ext, wrist flex, ext, sup, pron. A) ↓ ROM, Scar @ forearm + elbow.	P) Cont. STM + stretching. Sampley, PTA, BAS